

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		2				
6		2				
7	1					
8	1					
9	1					
10	1					
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50						
TOTAL IND.	8					
TOTAL DEP.	50					
TOTAL CLAIMS	58					

	IND	DEP	IND	DEP	IND	DEP
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